Public Educational Tour
September 24 – 27, 2012

Agenda

- Welcome and Introductions
- KanCare Overview
- MCO Presentations
- Review of Frequently Asked Questions
- Break
- Questions
- Wrap-up

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What is KanCare?

- KanCare is the State's new model for managing the Medicaid program
- All HealthWave and most regular Medicaid (fee for service) beneficiaries will be part of the KanCare program
- The State has contracted with three managed care organizations (MCOs) who will partner with us
  - Amerigroup of Kansas, Inc (Amerigroup)
  - Sunflower State Health Plan (Sunflower)
  - UnitedHealthcare of the Midwest (United)

What is Covered?

What is Covered?

- All Medicaid services covered now
  - Behavioral health care, including treatment for mental illness and substance use disorders
  - Physical health care, including pharmacy, dental, vision, NEMT
  - Long term supports and services, including nursing facilities, ICFs/MR, and HCBS waiver services
- DD waiver services and targeted case management will be delayed one year
- LEA and ECI services will remain fee for service

Who is Covered?

- All Medicaid and CHIP beneficiaries
- Excluded populations include:
  - SOBRA
  - MediKan
  - PACE
- Native Americans will have the option to be in KanCare

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What Stays the Same?

- Eligibility requirements
- Current providers
  - Existing providers will be invited into networks of all three MCOs
- Current services
- Current rates

What Stays the Same?

- Medicaid ID numbers
- Eligibility review dates
- KAN Be Healthy benefits
- State oversight of Medicaid and CHIP

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What is Changing?

- Providers contract with and are paid by three MCOs
- Members choose one of the MCOs
- MCOS are offering additional services at no cost to the State
- Members' medical cards will be issued by the MCOs

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What is Changing?

- Increased care coordination
- Health homes for certain people
- Consistency in certain MCO processes
- Strong emphasis on quality, including P4P for MCOs

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Clearer Responsibility

- Strong protections with a focus on results
- Each KanCare plan must:
  - Maintain a Health Information System
  - Report data to State of Kansas and Centers for Medicare and Medical Services
  - Submit to an External Quality Review
- Performance standards
- KanCare Advisory Groups

Improved Outcomes

Improved outcomes is one of the main focuses of the contracts with KanCare plans.

- Less reliance on nursing homes and other live-in settings
- Fewer hospital visits
- Better care for ongoing illnesses
- Improving access to health services

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Less Complex Funding

- KanCare will move all of Medicaid into a new system of coordinated care
- KanCare plans will be paid to coordinate all of the services a member needs.
- KanCare plans will be rewarded for paying for care that keeps people healthy before they get sick

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Provider Contracting

- KanCare MCOs must offer a contract to all existing Medicaid providers
- Providers must be offered at least the current Medicaid fee for service rates
  - These rates cannot decrease for the life of the KanCare contracts (at least 3 years)
- Providers should be contacted by each MCO. If you have not heard from them, you should reach out directly.

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Provider Contracting

- The MCOs will be using a standardized credentialing process to make things easier for providers who sign up with all three.
- You do not have to sign up with all three MCOs, but it is strongly recommended.
- Providers who do not sign up with a certain MCO will be considered out of network and may receive a lower reimbursement rate.

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Provider Contracting- I/DD Waiver

- Although the waiver services and TCM provided to consumers on the HCBS waiver for persons with intellectual or developmental disabilities (I/DD) will be delayed for one year, all other services for this population will not
- Providers who serve consumers with an I/DD will still need to contract with the KanCare MCOs before January 1, 2013 to continue providing non-waiver services to this population.

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Provider Billing

- As a KanCare provider, you will have three options to submit claims:
  - You can use the single front-door billing interface, managed by the State (MMIS)
  - You can use an established commercial clearinghouse
  - You can bill the MCO directly online or in any other format
- The KMAP system will still be available for historical claims search, member look-up, and eligibility verification.

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Provider Billing

- The MCOs must pay all (100 percent) clean claims within 20 days to receive their full payment from the State
  - The KanCare program will use the federal definition of a clean claim
- Non-clean claims (99 percent) must be processed within 60 days
- Each MCO will have billing training sessions for providers

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